

## **A Step-by-Step Guide for Receiving Adult Developmental Disability Services**

### **Step 1:**

Apply for Developmental Disability services through your Regional Medicaid Services Unit. Your application, and any information documenting your eligibility, will be forwarded to the Idaho Center for Disabilities Evaluation.

### **Step 2:**

Your application will be reviewed by an Independent Assessment Provider (IAP) at the Idaho Center for Disabilities Evaluation.

### **Step 3:**

The IAP will contact you, your guardian, or other representative and schedule an appointment or an interview.

### **Step 4:**

Go to the interview. Make sure you bring your guardian, a friend, or another person that knows you very well to the appointment.

### **Step 5:**

The IAP will complete an assessment that includes:

- Interviewing you and any other person who might help provide information.
- Interviewing a person who knows you very well and can answer the questions on the *Scales of Independent Behavior – Revised* assessment tool.
- Requesting signatures on Release of Information documents in order to gather more information about your disability.
- Providing you with a *Medical Care Evaluation Form* that must be completed by your primary physician (you might need to schedule a visit with your physician to get a physical examination so the form can be completed).
- Conducting a needs inventory that will help Medicaid calculate your annual budget for adult DD services.

### **Step 6:**

After the appointment, the IAP will determine if you're eligible for DD services and send a notice to let you know.

### **Step 7:**

If you're eligible for DD services, the notice will include the amount of your annual budget. If you're not eligible, you can request a *Reconsideration of Decision* by returning the denial notice to the Central Office Care Manager.

### **Step 8:**

If you're not a Medicaid participant, but are eligible for DD services, you'll be referred to the Adult DD Program to apply for non-Medicaid services.

**Step 9:**

If you're a Medicaid participant and are eligible for DD services, the IAP will ask you to choose a plan developer and fill out the *Plan Developer Choice Form*. The IAP has a list of agencies that can supply a plan developer, if needed.

**Step 10:**

You and your plan developer will organize your person centered planning team.

**Step 11:**

You and your team will evaluate your needs and goals and develop an Individual Supports and Services Plan for you.

- If the completed plan falls within the budget and is agreed upon by all members of the team, the members will sign the plan and submit it back to the assessor for approval and authorization.
- If the completed plan doesn't fall within the budget, the members of the team can decide to change some services so that it does meet the budget and then submit it for approval and authorization.
- If the members of the team can't agree to change the services to meet the budget, then the plan developer will fill out an *Extenuating Circumstances Form* and will give it to the IAP along with the completed plan.

**Step 12:**

The IAP will review the plan to make sure it meets your needs and is within your budget. If it meets your needs and is within your budget, the IAP will approve and authorize the plan. Your plan developer will be notified that the plan has been approved.

**Alternate Steps: Step 12A:**

If the plan doesn't meet your needs or is over budget, the IAP will contact the plan developer to discuss the plan. If the IAP and your plan developer can't make the plan meet your needs or bring the plan within your budget, the IAP will send the plan to the regional care manager for review.

**Step 12b:**

The regional care manager will discuss the issues with his/her team, the participant's team, and the plan developer. The care manager will make one of the following decisions:

- Authorize all of the services on the plan.
- Authorize some of the services on the plan.
- Deny all of the services on the plan.

The care manager will send a written notice to you and your guardian informing you of the decision, and letting you know about appeal options.

**Step 12c:**

If you don't agree with the decision the care manager makes, you can fill out the *Reconsideration of Decision Request Form* that is included with the notice.

The notice will go to the Central Office Bureau of Developmental Disabilities Services. The request will be reviewed by a multi-disciplinary team.

The team will examine the materials presented and make one of the following decisions:

- Authorize all of the services on the plan.
- Authorize some of the services on the plan.
- Deny all of the services on the plan.

The bureau will send a written notice to you and your guardian informing you of the decision and letting you know about appeal options.

**Step 12d:**

You and your guardian can appeal a denial of services and request a Fair Hearing.

The notice that is sent includes directions for requesting a Fair Hearing.

**Step 13:**

The IAP will send the authorized plan to the Regional Medicaid Services Unit. A staff member will enter the plan into the Medicaid payment system. The care providers will be notified that your services will be paid for and you can begin receiving those services.

**Step 14:**

If the plan needs changes during the plan year, the plan developer will complete an addendum and provide any documents that support the changes. The following are examples of some of the changes that can be requested:

- A change in provider.
- A change in hours.
- Adding or deleting one or more services.